

LACTATION SUPPORT TEAM

Name: _____

Date: _____

Sponsor's SS: _____

Time of Call: _____

Phone number: _____

G____ P____ SVD/CSEC/VBAC

DOB: _____ Gest age: _____ BWT: _____

Meds _____

Current age: _____ Current WT: _____

Chief Complaint or concern: _____

MOTHER

Sore nipples/Yeast
Milk supply/Diet
Meds
Breast pain
Plugged duct/Milk bleb
Fever/aches
Birth control
Depression/Crying
Returning to work

BABY

Voids
Stools/Yel/Gassy/Green
Feeds
Meds
Fussy/Crying
Sleepy/Refuses breast
Thrush
Teething
Nursing strike

INFORMATION GIVEN

Engorgement/Sore nipples/Thrush
Local Resources for Pumps
RTW: Pumps, pumping techniques
Milk storage and handling
Safe use of equipment

Baby Honeymoon Techniques
Safe use of meds
Waking techniques
Intro solids
Alternate feeding methods

Parent's Response _____

REFERRAL
APPOINTMENT SCHEDULED
CLASS SCHEDULED



Signature _____

National Naval Medical Center
8901 Wisconsin Avenue
Bethesda MD 20889

Promote Protect Support Breastfeeding

Elizabeth I Flight, RN, CLE, IBCLC

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Email: eiflight@bethesda.med.navy.mil